CLAIMS ONLY			Application Number	Filing Date
			10·719508	
			Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1							51						
3							52						
4							53						
5							54						
6							55						
7							56						
8							57						
9							58						
10							59						
11							60						
12							61						
13							62						
14							63						
15							64						
16							65						
17							66						
18							67						
19							68						
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35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
Total Indep	4						Total Indep						
Total Depend	19						Total Depend						
Total Claims	23						Total Claims						